



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

APPLICATION FOR RECIPIENT RIGHTS APPEALS COMMITTEE MEMBERSHIP

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CELL: _____

EMPLOYER: _____

JOB TITLE: _____

§MHC.330.1774 (1) The director shall appoint an appeals committee consisting of 7 individuals, none of whom shall be employed by the Department or a community health services program, to hear appeals of recipient rights matters.

☐ By checking this box, I certify that I am not presently employed by the Michigan Department of Health and Human Services or a Community Mental Health Services Provider.

PLEASE COMPLETE THE FOLLOWING PAGES (USE EXTRA PAGES, IF NECESSARY)

1. Explain why you are interested in becoming a member of the State Recipient Rights Appeals Committee.

2. Explain the involvement you have had with the recipient rights system in Michigan.

3. What talents, skills, or knowledge do you have that would contribute to the effective working of the committee?

4. List memberships on any other mental health rights committees:

5. Highest Educational Level:

☐ HIGH SCHOOL/GED ☐ COLLEGE ☐ GRADUATE DEGREE _____ (please specify)

☐ PROFESSIONAL: _____ (please specify)

Signature: _____

Date: _____